

CITY OF BRIGHTON
CITY COUNCIL MEETING
CITY HALL
JULY 17, 2014

SUPPLEMENTAL

9. Consider approval of a civic event application for the [Special Olympics MPG Dream Ride Civic Event](#)

ADDENDUM

- 10a. Consider approval of a civic event application for the [Swinginfusion Dance Marathon Civic Event](#).

POLICY REPORT
DEPARTMENT OF PUBLIC WORKS
Special Olympics MPG Dream Ride Civic Event

Prepared by:

Reviewed by:

Patty Thomas
Asst. DPW Director

Dana W. Foster
City Manager

ISSUE: To consider approval of the Special Olympics MPG Dream Ride Civic Event.

STAFF RECOMMENDATION: The City of Brighton Civic Event Staff Review Committee recommends approval of the Special Olympics MPG Dream Ride Civic Event.

BACKGROUND: The City of Brighton Civic Event Staff Review Committee has reviewed the application and recommends approval. This is the second year that participants will be riding through the City of Brighton as part of this event. The applicant is aware that they must have one or two road marshals located at the 90-degree curve at Spencer and Main. They will also have "Caution" signs in this area. The City's portion of the ride is about halfway through the course, so most of the riders will be spread out while they are in the City.

BUDGET IMPACT: There will be no impact on the budget as no City services are needed for this event.

RELATIONSHIP TO 2013/2014 GOALS: Continued allowance of various Civic Events under managed conditions to promote the Downtown City of Brighton area.

COUNCIL ACTION: Approval of the Special Olympics MPG Dream Ride Civic Event as recommended by the Brighton Civic Event Staff Review Committee.

ATTACHMENTS: Civic Event Application



Civic Event Application

City of Brighton

200 N. First Street
Brighton, Michigan 48116
(810) 227-1911

OFFICE USE ONLY
<u>7-10-14</u> Date Received
<u>[Signature]</u> By

**** APPLICATIONS MUST BE FILLED OUT COMPLETELY BEFORE THEY WILL BE CONSIDERED FOR REVIEW ****

8-2-14 Application Date Special Olympics of Michigan Name of Organization Benjamin Christian Name of Applicant

Central Michigan University Street Address Mt. Pleasant City MI State 48859 Zip

586-596-9802 Cell Phone _____ Home Phone _____ Work Phone _____ Fax

Email Address benjamin.christian@gm.com

MPG Dream Ride Event Title

GM Milford Proving Grounds Event Location

EVENT DAYS / TIMES (Please stipulate the following information for each date of event)

DATE	Day of Week	Beginning Time	Ending Time
<u>8/2/14</u>	<u>Sat</u>	<u>8 AM</u>	<u>4 PM</u>
_____	_____	_____	_____
_____	_____	_____	_____

8:00 AM / 8/2/14 Set up Time/Day 4:00 PM 8/2/14 Tear down Time / Day* NA Rain Date (if applicable)

* Tear down time will be strictly enforced. It is the applicant's responsibility to ensure the teardown of all materials with their on-site vendors, sponsors, etc. is complete by the teardown time given above.

ORGANIZATION / APPLICANT INFORMATION

Applications for Civic Events in the City of Brighton shall NOT be approved for applicants in default to the City. Therefore, each Application for Civic Events shall be routed to the Finance Department for a determination of any defaults to the City. In the event a default to the City exists, the Application shall be disapproved by the Finance Department, with the nature of the default described as the reason of the disapproval.

TAX IDENTIFICATION NUMBER: 381964643

BRIEF DESCRIPTION OF ORGANIZATION'S PURPOSE AND/OR FUNCTION:

IS THE ORGANIZATION NON-PROFIT? YES NO
If yes, attach a copy of the organizations Sales Tax Exempt Certificate.

DOES YOUR GROUP PRESENTLY HAVE LIABILITY INSURANCE? YES NO

GENERAL LIABILITY INSURANCE IS REQUIRED NAMING THE CITY OF BRIGHTON AS ADDITIONAL INSURED. IF FOOD IS BEING SERVED, PRODUCT LIABILITY MUST BE INCLUDED. LIMITS OF LIABILITY SHOULD BE NO LESS THAN \$1,000,000 COMBINED SINGLE LIMIT FOR BODILY INJURY AND PROPERTY DAMAGE.

PLEASE GIVE A DESCRIPTION OF THE PROPOSED CIVIC EVENT. (Attach additional pages if necessary)

This is a charity bicycle tour to raise money for the Special Olympics of Michigan. The event starts and ends at the GM Mifflin Proving Grounds, and is open to all levels of riders.

ANNUAL EVENT: Is this event expected to occur next year? YES NO

If Yes, you can reserve a date for next year with this application). To reserve dates for next year, please provide the following information:

Normal Event Schedule (e.g., third weekend in July): 1st Saturday in Aug
or
Next year's specific date(s): TBD

PROCEEDS OF THIS EVENT WILL BE USED FOR:

Equipment for Special Olympics athletes and future Olympic events.

IF THE PROPOSED CIVIC EVENT IS A PARADE OR RUN/WALK EVENT, PLEASE LIST THE POINT OF ORIGIN, PATH, TERMINATION POINT, NUMBER OF ENTRIES AND TRAFFIC CONTROL PLAN AS NECESSARY. (Use attached map to clarify the route)

Start/finish is at the GM Milford Proving Grounds, and the route travels around the south east Livingston county area (see map).

ARE YOU PLANNING TO CHARGE AN ADMISSION FEE?

YES

NO

IF YES, WHAT KIND AND HOW MUCH?

\$ 25/person, kids under 12 free.

DO YOU PLAN ON UTILIZING VENDORS AND/OR EXHIBITORS FOR SALES OF ANY KIND?

YES

NO

IF YES, COMPLETELY FILL OUT THE ATTACHED VENDOR CONTACT INFORMATION SHEET(S).

WHAT IS THE FEE CHARGED FOR EACH VENDOR?

Food trucks

DO YOU PLAN TO CONTRIBUTE REVENUES RECEIVED FROM THIS EVENT TO LOCAL ORGANIZATIONS AND/OR COMMUNITY GROUPS?

YES

NO

IF YES, TO WHOM AND HOW MUCH?

WHAT IS THE EXPECTED ATTENDANCE FOR THIS EVENT?

500 +

DO YOU PLAN ON SUPPLYING ADDITIONAL RESTROOM FACILITIES? YES NO

NUMBER OF VOLUNTEERS / STAFF? 50+

HOW WILL THIS EVENT BENEFIT THE RESIDENTS AND/OR IMPROVE THE QUALITY OF LIFE IN THE CITY OF BRIGHTON?

This is a family event to promote healthy living and the Special Olympics in and around the southeast livingston county area

ELECTRICAL SERVICES REQUIRED (Please Be as Accurate as Possible)

No

OTHER UTILITIES REQUIRED (Please Be as Accurate as Possible)

NA

CITY FACILITIES REQUESTED (Please Be as Accurate as Possible)

NA

DO YOU PLAN TO UTILIZE OFF-SITE PARKING FACILITIES YES NO

IF SO, WHAT LOCATION IS PLANNED? _____

WHAT IS YOUR PLAN FOR TRANSPORTATION FROM THE PARKING AREA TO THE EVENT LOCATION?

NA

SIGNAGE REQUESTED (Detail sign locations on the attached map and provide sign renderings)

Number of Signs TBD

Types of Signs lawn signs, banners, road markers on pavement

Locations of Signs at intersection

Date Signs Posted 8/1/14

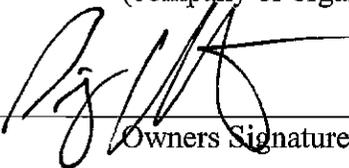
Date Signs Removed 8/2/14

OWNER(S) AFFIDAVIT *

I, SOMI, have authorized Benjamin Christian as My
(company or organization owner) (Civic Event Applicant)

Representative for the purpose of obtaining a Civic Event permit(s) from the City of Brighton Public

Services Department for my organization located at Central Michigan University, Mt. Pleasant
(company or organization address) MI 48859


Owners Signature

7/10/14
Date

INDEMNIFICATION AGREEMENT

The SOMI agree(s) to defend, indemnify, and hold harmless the City of
(business/organization)

Brighton, Michigan, from any claim, demand, suit, loss, cost of expense, or any damage that may be
asserted, claimed or recovered against or from the SOMI and/or the City of
(business/organization)

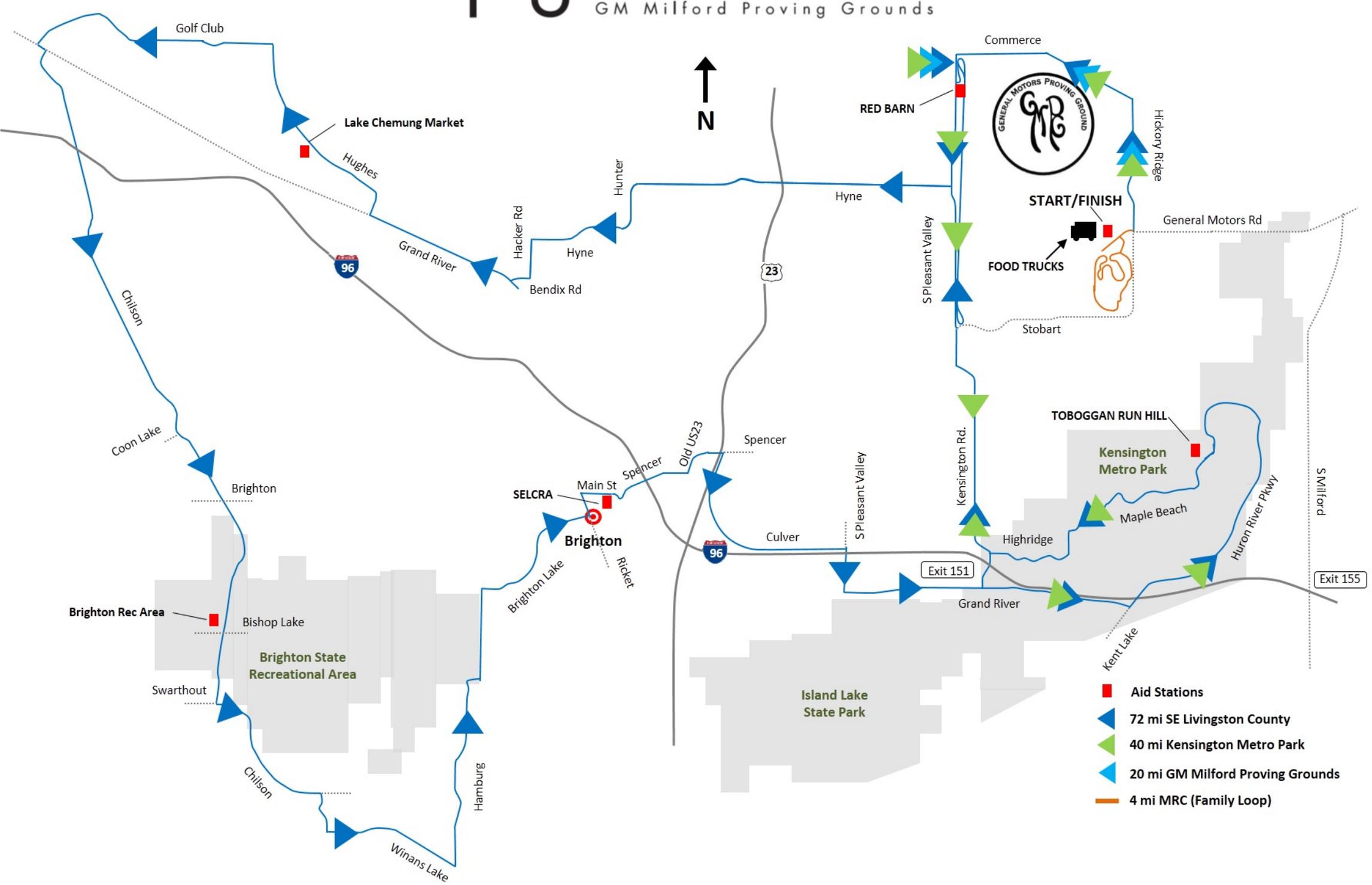
Brighton, by reason of any damage to property, personal injury or bodily injury, including death,
sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or
in any way connected with the performance of this contract, and regardless of which claim, demand,
damage, loss, cost of expense is caused in whole or in part by the negligence of the City of Brighton or
by third parties, or by the agents, servants, employees or factors of any of them.

Signature  Date 7/10/14

Witness _____ Date _____

mpg dream ride

GM Milford Proving Grounds



Milford

- Aid Stations
- ▶ 72 mi SE Livingston County
- ▶ 40 mi Kensington Metro Park
- ▶ 20 mi GM Milford Proving Grounds
- 4 mi MRC (Family Loop)

POLICY REPORT
DEPARTMENT OF PUBLIC WORKS
Swinginfusion Dance Marathon Civic Event

Prepared by:

Patty Thomas
Asst. DPW Director

Reviewed by:

Dana W. Foster
City Manager

ISSUE: To consider approval of the Swinginfusion Dance Marathon Civic Event.

STAFF RECOMMENDATION: The City of Brighton Civic Event Staff Review Committee recommends approval of the Swinginfusion Dance Marathon Civic Event.

BACKGROUND: The City of Brighton Civic Event Staff Review Committee has reviewed the application and recommends approval. This event is an “extension” of the previously-approved Swinginfusion Civic Event that is held on Monday nights at the Millpond Gazebo throughout the summer months. This event is different in that it will be held on a Saturday night and they will be having a dance marathon.

BUDGET IMPACT: There will be no impact on the budget as no DPW services are needed for this event. Police presence will be done with on-duty police officers.

RELATIONSHIP TO 2013/2014 GOALS: Continued allowance of various Civic Events under managed conditions to promote the Downtown City of Brighton area.

COUNCIL ACTION: Approval of the Swinginfusion Dance Marathon Civic Event as recommended by the Brighton Civic Event Staff Review Committee.

ATTACHMENTS: Civic Event Application



Civic Event Application

City of Brighton
200 N. First Street
Brighton, Michigan 48116
(810) 227-1911

OFFICE USE ONLY
7-11-14
Date Received
By

**** APPLICATIONS MUST BE FILLED OUT COMPLETELY BEFORE THEY WILL BE CONSIDERED FOR REVIEW ****

07-09-14 Swinginfusion Chelsea Convi's
Application Date Name of Organization Name of Applicant

11009 Tillson Dr. South Lyon MI 48178
Street Address City State Zip

248-821-0056 248-486-3405 -same as cell N/A
Cell Phone Home Phone Work Phone Fax

Email Address Chelseapage01@gmail.com

Swinginfusion Brighton
Event Title

Mill Pond, Brighton, MI
Event Location

EVENT DAYS / TIMES (Please stipulate the following information for each date of event)

DATE	Day of Week	Beginning Time	Ending Time
08-09-2014	Saturday	6:00pm	10:00pm
08-23-2014	Saturday	6:00pm	10:00pm
5:30, day of	9:50, day of		
Set up Time/Day	Tear down Time / Day*		Rain Date (if applicable)

- only one date requested depending on availability; i.e. if the 9th of August is not available, the 23rd is the alternate date.

* Tear down time will be strictly enforced. It is the applicant's responsibility to ensure the teardown of all materials with their on-site vendors, sponsors, etc. is complete by the teardown time given above.

ORGANIZATION / APPLICANT INFORMATION

Applications for Civic Events in the City of Brighton shall NOT be approved for applicants in default to the City. Therefore, each Application for Civic Events shall be routed to the Finance Department for a determination of any defaults to the City. In the event a default to the City exists, the Application shall be disapproved by the Finance Department, with the nature of the default described as the reason of the disapproval.

TAX IDENTIFICATION NUMBER: 455227379

BRIEF DESCRIPTION OF ORGANIZATION'S PURPOSE AND/OR FUNCTION:

To have a Saturday dance for Swinginfusion, an organization that provides an event for young adults to dance + listen to music.

IS THE ORGANIZATION NON-PROFIT? YES NO
If yes, attach a copy of the organizations Sales Tax Exempt Certificate.

Included in previous application

DOES YOUR GROUP PRESENTLY HAVE LIABILITY INSURANCE? YES NO

GENERAL LIABILITY INSURANCE IS REQUIRED NAMING THE CITY OF BRIGHTON AS ADDITIONAL INSURED. IF FOOD IS BEING SERVED, PRODUCT LIABILITY MUST BE INCLUDED. LIMITS OF LIABILITY SHOULD BE NO LESS THAN \$1,000,000 COMBINED SINGLE LIMIT FOR BODILY INJURY AND PROPERTY DAMAGE.

PLEASE GIVE A DESCRIPTION OF THE PROPOSED CIVIC EVENT. (Attach additional pages if necessary)

A dance at the Mill Pond with a 2 hour dance marathon during the dance. Open to the public - all welcome to attend.

ANNUAL EVENT: Is this event expected to occur next year? YES NO

If Yes, you can reserve a date for next year with this application). To reserve dates for next year, please provide the following information:

Normal Event Schedule (e.g., third weekend in July): _____

or

Next year's specific date(s): _____

PROCEEDS OF THIS EVENT WILL BE USED FOR:

The continued running of Swingin' fusion

IF THE PROPOSED CIVIC EVENT IS A PARADE OR RUN/WALK EVENT, PLEASE LIST THE POINT OF ORIGIN, PATH, TERMINATION POINT, NUMBER OF ENTRIES AND TRAFFIC CONTROL PLAN AS NECESSARY. (Use attached map to clarify the route)

ARE YOU PLANNING TO CHARGE AN ADMISSION FEE? YES NO

IF YES, WHAT KIND AND HOW MUCH?

An admission fee of \$2 per person, + a competitor's fee for the marathon of approximately \$10-15.

DO YOU PLAN ON UTILIZING VENDORS AND/OR EXHIBITORS FOR SALES OF ANY KIND?
YES NO

IF YES, COMPLETELY FILL OUT THE ATTACHED VENDOR CONTACT INFORMATION SHEET(S).

WHAT IS THE FEE CHARGED FOR EACH VENDOR? _____

DO YOU PLAN TO CONTRIBUTE REVENUES RECEIVED FROM THIS EVENT TO LOCAL ORGANIZATIONS AND/OR COMMUNITY GROUPS? YES NO

IF YES, TO WHOM AND HOW MUCH?

WHAT IS THE EXPECTED ATTENDANCE FOR THIS EVENT? 100-200

DO YOU PLAN ON SUPPLYING ADDITIONAL RESTROOM FACILITIES? YES NO

NUMBER OF VOLUNTEERS / STAFF? 12 approximately

HOW WILL THIS EVENT BENEFIT THE RESIDENTS AND/OR IMPROVE THE QUALITY OF LIFE IN THE CITY OF BRIGHTON?

A safe environment for youth, young adults, + adults to dance, watch dancing, + enjoy participating in or watching a dance marathon.

ELECTRICAL SERVICES REQUIRED (Please Be as Accurate as Possible)

2 electrical outlets.

OTHER UTILITIES REQUIRED (Please Be as Accurate as Possible)

-

CITY FACILITIES REQUESTED (Please Be as Accurate as Possible)

The Gazebo at The Mill Pond + The surrounding amphitheater area.

DO YOU PLAN TO UTILIZE OFF-SITE PARKING FACILITIES YES NO

IF SO, WHAT LOCATION IS PLANNED? Public parking areas.

WHAT IS YOUR PLAN FOR TRANSPORTATION FROM THE PARKING AREA TO THE EVENT LOCATION?

None - within walking distance.

SIGNAGE REQUESTED (Detail sign locations on the attached map and provide sign renderings)

Number of Signs _____

Types of Signs _____

Locations of Signs _____

Date Signs Posted _____

Date Signs Removed _____

EQUIPMENT

PLEASE ATTACH LIST OF EQUIPMENT; STAGE, TENTS, VEHICLES, ETC., THAT YOU PROPOSE TO USE IN THE EVENT OR BRING ONTO CITY PROPERTY, STREETS OR PARK AREAS - (ALL SUBJECT TO APPROVAL).

IF YOU ARE PROPOSING TO HAVE A TENT OR TENTS AT YOUR EVENT, PLEASE READ THE ATTACHED "TENT EVENT FIRE CODE PERMIT REQUIREMENTS" COMPLETELY AND **FILL OUT ONE "TENT PERMIT APPLICATION" FOR EACH TENT BEING PROPOSED.**

STREET CLOSURE

ARE YOU REQUESTING A STREET CLOSURE FOR YOUR EVENT? YES **NO**
If yes, detail the street(s) you would like closed, and the location of the closure(s) on the attached map.

ALCOHOL

DO YOU WANT TO SELL AND/OR SERVE ALCOHOL? YES **NO**

IF YES, PLEASE SEE THE ATTACHED SHEET TITLED "ALCOHOL" AND FILL IN THE QUESTIONS COMPLETELY AND IN DETAIL.

SECURITY

If the event requires the overnight setup or storage of goods, equipment, etc. security is the responsibility of the event applicant.

IF YOUR EVENT REQUIRES OVERNIGHT SECURITY, PLEASE PROVIDE THE FOLLOWING DETAILS OF YOUR SECURITY PLAN:

ON SITE REPRESENTATIVES NAMES AND CONTACT NUMBRS:

<u>Name</u>	<u>Contact number</u>
_____	_____
_____	_____
_____	_____

OWNER(S) AFFIDAVIT *

I, Swinginfusion, have authorized Chelsea Conn's as My
(company or organization owner) (Civic Event Applicant)

Representative for the purpose of obtaining a Civic Event permit(s) from the City of Brighton Public

Services Department for my organization located at 13730 Crooked Creek Dr, S. Lyon, MI 48178
(company or organization address)

Chelsea Conn's
Owners Signature

07-09-14
Date

INDEMNIFICATION AGREEMENT

The Swing infusion agree(s) to defend, indemnify, and hold harmless the City of
(business/organization)

Brighton, Michigan, from any claim, demand, suit, loss, cost of expense, or any damage that may be asserted, claimed or recovered against or from the Swing infusion and/or the City of
(business/organization)

Brighton, by reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss, cost of expense is caused in whole or in part by the negligence of the City of Brighton or by third parties, or by the agents, servants, employees or factors of any of them.

Signature Chelsea Conis Date 07-10-2014

Witness Joy Conis Date 7-10-14

